

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-676)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	EP.	NO.	OEP.	NO.	OEP.
	NO.	OEP.	NO.	OEP.	NO.	OEP.						
1							61					
2							62					
3							63					
4							64					
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TOTAL							TOTAL					
TOTAL							TOTAL					
TOTAL							TOTAL					

TOTAL NO. 3
 TOTAL OEP. 58
 TOTAL 61